



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

66-00S1S6

DATE OF INSPECTION

6-5-09

LOCATION OF INSTRUMENT (STREET AND CITY)

1000 N. BONNIE, SPFD MO 65802

TIME OF INSPECTION

1217

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

DVM TEST: (.350 ± .150) 315

DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK

CHARACTER DISPLAY TEST OK

PRINT TEST (PRINTOUT ATTACHED) OK

TIME AND DATE 1217 / 6-5-09

CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 0.98% TEST 2 0.98% TEST 3 0.98%

SIMULATOR TEMPERATURE (34° ± .2°C) 34°

PERFORM RFI TEST (PRINTOUT ATTACHED) OK

NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

| | | | | | | | | | | | |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|
| REFUSALS | 4 | 0-.04 | 1 | .05-.09 | 3 | .10-.14 | 4 | .15-.19 | 1 | Over .19 | 3 |
|----------|---|-------|---|---------|---|---------|---|---------|---|----------|---|

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

MEETS ALL DOH STANDARDS, REPRO. 100% SOLUTION
LOT # 08002, EXPIRES 10-13-2010

* INSTALLED NEW PRINTER UNIT *

INSPECTING OFFICER

SIGNATURE

PRINT NAME

SHAWN CLAWSON

TYPE II PERMIT NUMBER/EXPIRATION DATE

820216 / 7-23-10

TELEPHONE NUMBER

(417) 864-1810

*REP*CO MARKETING INC.

3101-188 STONYBROOK DRIVE
RALEIGH, N.C. 27604
919-676-5480

CERTIFICATE OF ANALYSIS

Random samples of lot number 08002 of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl wt. /vol. ethyl alcohol.

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

When used in a calibrated simulator, operating at 34 c +/- .2 c, this solution will give an alcohol breath test instrument reading of .100 percent BAC +/- 2% or .002 BAC (whichever is greater).

The expiration date for this lot number is October 13, 2010 at 11:59PM.

This document is a true representation of the original Certificate of Analysis.


Cecil B. Garner, President
RepCo Marketing, Inc.

INTOXILYZER® - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005156
06/05/2009

DIAGNOSTIC TEST

12:17

| | | |
|-----------------|---------|--------|
| PROM CHECK | E735.23 | PASSED |
| RAM CHECK | | PASSED |
| TEMP. CHECK | | PASSED |
| PROCESSOR CHECK | | |
| SYNC PULSE | | PASSED |
| SYNC SPEED | | PASSED |
| NEG. STABILITY | | PASSED |
| POS. STABILITY | | PASSED |
| REF. RANGE | | PASSED |
| DIAGNOSTIC | | PASSED |

PRINTER CHECK

ABCDEFGHIJKLMNPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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CMI INC.

INTOXILYZER® - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005156
06/05/2009

| TEST | XBAc | TIME |
|------------|------|-------|
| AIR BLANK | .000 | 12:24 |
| CAL. CHECK | .098 | 12:25 |
| AIR BLANK | .000 | 12:25 |
| CAL. CHECK | .098 | 12:25 |
| AIR BLANK | .000 | 12:26 |
| CAL. CHECK | .098 | 12:26 |
| AIR BLANK | .000 | 12:27 |

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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SN 66-005156
E735,23
INVALID TEST
INHIBITED - RFI

06/05/2009
12:31

06/05/2009
E735,23
12:20

ABCDEFGHIJKLMNOPQRSTUVWXYZ20123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ20123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ20123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ20123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ20123456789!@#\$abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Stuck 122c
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER[®] INSTRUMENT PRINTER CARD

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SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Stuck 122c
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

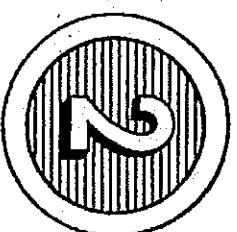
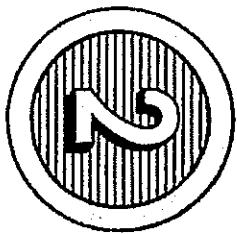
INTOXILYZER[®] INSTRUMENT PRINTER CARD

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CMI INC

State of Missouri
DEPARTMENT OF HEALTH

P E R M I T
TYPE II



SHAWN CLAWSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Evi C. Clark

Director of State Public Health Laboratory

Date 07/23/08
Number 820216

Expires 07/23/2010

Director, Department of Health

Lab. 4 (R7-88)

MO 580-0771 (7-88)